

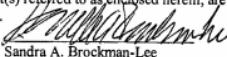
TRANSMITTAL FORM

Application Serial Number	10/691,125
Filing Date	October 21, 2003
First Named Inventor	Correale, P. et al.
Group Art Unit	1653
Examiner Name	Rooke, Agnes Beata
Attorney Docket No.	58572-004
Patent No.	Not applicable
Issue Date	Not applicable

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <ul style="list-style-type: none"> <input type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form <input type="checkbox"/> Amendment/Response <ul style="list-style-type: none"> <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ___] <input type="checkbox"/> Information Disclosure Statement <ul style="list-style-type: none"> <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copy of IDS <input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553) <input type="checkbox"/> Change Of Correspondence Address <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input checked="" type="checkbox"/> Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer Executed Declaration and Power of Attorney for Utility or Design Patent Application <input type="checkbox"/> Petition for Extension of Time <input type="checkbox"/> CD(s) for large table or computer program <input type="checkbox"/> Amendment After Allowance <input type="checkbox"/> Request for Certificate of Correction <ul style="list-style-type: none"> <input type="checkbox"/> Certificate of Correction (in duplicate) 	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief (in triplicate) <input type="checkbox"/> Status Inquiry <input type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 <input type="checkbox"/> Additional Enclosure(s) (please identify below)
CERTIFICATE OF ELECTRONIC TRANSMISSION		

I hereby certify that this correspondence, and any document(s) referred to as enclosed herein, are being electronically filed on this 31st day of October, 2007.



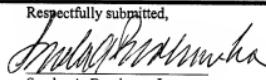
Sandra A. Brockman-Lee

CORRESPONDENCE ADDRESS

SIGNATURE BLOCK

Direct all correspondence to: Patent Administrator
 Proskauer Rose LLP
 One International Place
 Boston, MA 02110-2600
 Tel. No.: (617) 526-9600
 Fax No.: (617) 526-9899

Date: October 31, 2007
 Reg. No.: 44,045
 Tel. No.: (617) 526-9617
 Fax No.: (617) 526-9899

Respectfully submitted,

 Sandra A. Brockman-Lee
 Attorney for the Applicant(s)
 Proskauer Rose LLP
 One International Place
 Boston, MA 02110-2600